

SERFF Tracking Number:	ZURC-125492380	State:	Arkansas
Filing Company:	Empire Fire and Marine Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CW CA 27050		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	CW CA 27050		
Project Name/Number:	/		

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CA 27050

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

SERFF Tr Num: ZURC-125492380 State: Arkansas

SERFF Status: Closed

Co Tr Num: CW CA 27050

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Author: Dannielle Curry

Date Submitted: 02/18/2008

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 02/27/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal):

06/01/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/27/2008

State Status Changed: 02/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are revising our proprietary form EM 3260 (11-98) – False Pretense Coverage. This form is used with our Independent Auto Dealer program and attaches to our proprietary Garage Physical Damage Coverage form EM3225 (03-06). We are deleting wording in paragraph 5 indicating that any payment for “loss” will be reduced by the applicable Physical Damage deductible shown in the declarations. We are deleting this wording due to the fact that we do not have rates filed for different deductible options.

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Company and Contact

Filing Contact Information

Dannielle Curry, Filing Analyst dannielle.curry@zurichna.com
 1400 American Lane (847) 706-2411 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	02/18/2008	18027777

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/27/2008	02/27/2008

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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/27/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ZURC-125492380	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	False Pretense Coverage	Approved	Yes

SERFF Tracking Number:	ZURC-125492380	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	False Pretense Coverage	EM 32 60	02 08	Endorsement/Amendment/Conditions		0.00	EM3260 02-08.pdf

False Pretense Coverage



This endorsement modifies insurance provided under the following:

GARAGE PHYSICAL DAMAGE COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective:	Policy Number:
Named Insured:	Countersigned by:

(Authorized Representative)

If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

1. We will pay for "loss" to a covered "auto" caused by:
 - a. Your voluntarily parting with evidence of title to or possession of a "covered auto" when induced by:
 - (1) a forged or counterfeit instrument received in payment;
 - (2) a check or other instrument drawn on an account closed before the instrument is presented for payment;
 - (3) a credit application, rental agreement or lease agreement on which the name, social security number or signature of the applicant, rentee or lessee is false or forged;
 - (4) any other criminal scheme, criminal trick or criminal device which induces you, at that time, to part with evidence of title to or possession of the "covered auto";
 - b. Your having acquired possession of an "auto" that is stolen or which has a forged, altered, or counterfeit title or invalid duplicate title.
2. What We Will Not Pay is changed as follows:

Paragraph 2.g. relating to false pretense coverage does not apply.
3. The following is added:
 - a. The insurance under Paragraph 1.a. above does not apply unless:
 - (1) You had legal title to, or consignment papers for, the covered "auto" prior to "loss"; and
 - (2) You make every effort to recover the covered "auto" when it is located.
 - b. We will not pay for "loss" under False Pretense Coverage:
 - (1) due solely to an undisclosed lien;
 - (2) under part 1.a.(3) above, after the first periodic payment is made;
 - (3) due solely to an insufficient funds check;
 - (4) due to incorrect information on a credit application, rental agreement or lease agreement, except as covered under part 1.a.(3) above;

- (5) as the result of your obligation under a contract or agreement in which you agree to be liable in the event of default by the purchaser; or
 - (6) under part 1.a.(4) above, due to non-payment, for any reason, of any credit you extend. This includes bankruptcy, other insolvency proceedings or failure to honor postdated checks.
4. Under False Pretense Coverage, \$25,000 is the most we will pay for all "loss" caused by any one person within any one year of the policy period unless another limit is shown in the Declarations.
5. For any loss payable under this endorsement, GARAGE PHYSICAL DAMAGE COVERAGE, HOW MUCH WE WILL PAY, Paragraph 3. is deleted in its entirety and replaced by the following:
- Any payment for "loss" to a covered "auto" will first be reduced by the actual value of any property delivered to you in full or partial payment for title to or possession of a covered "auto".
6. The following is added to the DUTIES IN THE EVENT OF "ACCIDENT", CLAIM, "SUIT" OR "LOSS" Condition:
- You, or someone on your behalf, must take all reasonable steps to cause a warrant to be issued, as soon as practicable, for the arrest of anyone causing a "loss" defined within the False Pretense Coverage. Failure to cause a such warrant to be issued as required by this Condition shall not invalidate any claim made by you, if it is shown that reasonable efforts were made.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/27/2008

Comments:

Attachment:

PCTD 0307 ZP.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 02/27/2008

Comments:

Attachment:

Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Zurich North America	212

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Empire Fire & Marine Insurance Company	NE	21326	47-6022701	

5. Company Tracking Number	CW CA 26800
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Dannielle Curry 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-706-2411	847-605-7768	dannielle.curry@zurichna.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Dannielle Curry

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	19.2, 21.2
10.	Sub-Type of Insurance (Sub-TOI)	19.2002, 21.2000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 06-01-2008 Renewal: 06-01-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	02-18-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CW CA 27050
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are revising our proprietary form EM 3260 (11-98) – False Pretense Coverage. This form is used with our Independent Auto Dealer program and attaches to our proprietary Garage Physical Damage Coverage form EM3225 (03-06). We are deleting wording in paragraph 5 indicating that any payment for “loss” will be reduced by the applicable Physical Damage deductible shown in the declarations. We are deleting this wording due to the fact that we do not have rates filed for different deductible options.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: NA Amount: 0</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

Explanatory Memorandum

We are revising our proprietary form EM 3260 (11-98) – False Pretense Coverage. This form is used with our Independent Auto Dealer program and attaches to our proprietary Garage Physical Damage Coverage form EM3225 (03-06). We are deleting wording in paragraph 5 indicating that any payment for “loss” will be reduced by the applicable Physical Damage deductible shown in the declarations. We are deleting this wording due to the fact that we do not have rates filed for different deductible options.